

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Our Lady of the Lake
Regional Medical Ctr.
c/o Robert C. Davidge
5000 Hennessey Blvd.
Baton Rouge, LA 70808

2. Article Number

(Transfer from service label)

7006 0810 0006 5915 7829

PS Form 3811, February 2004

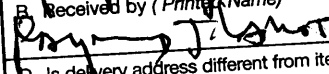
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)



C. Date of Delivery

7/24/07

D. Is delivery address different from item 1?

☐ Yes☐ No

If YES, enter delivery address below:

2:06 CV 717-10

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540